

12/14/01
JC860 U.S. PTO

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12-18-01

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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A/REISSUE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	46739/268134
	First Named Inventor	Bryan
	Original Patent Number	6,001,130
	Original Patent Issue Date (Month/Day/Year)	December 14, 1999
	Express Mail Label No.	EL513159465US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
 - CD-ROM or CD-R in duplicate, Computer Program
(Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449

<input type="checkbox"/> Copies of IDS
Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

Name			
Address			
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Country	Telephone	Fax	

NAME (Print/Type)	Bruce D. Gray	Registration No. (Attorney/Agent)	35,799
Signature			Date

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
46739/268134

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 22	**** 2	X\$ 9=	18	or	X\$ _____ = _____
(C) 5	Independent Claims (37 CFR 1.16(i))	(D) 5	* 0	X\$ _____ = _____			X\$ _____ = _____
							\$ _____
Basic Fee (37 CFR 1.16(h))					370	OR	\$ _____
Total Filing Fee					388		\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	MINUS	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____ = _____		or	X\$ _____ = _____	
Independent Claims (37 CFR 1.16(i))	***		*****	=	X\$ _____ = _____			X\$ _____ = _____	
Total Additional Fee					\$	OR	\$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 388 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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December 14, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Bruce D. Gray

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bryan, et al. Patent No. 6,001,130

Serial No.: Examiner:

Filed: December 14, 2001 Group Art Unit:

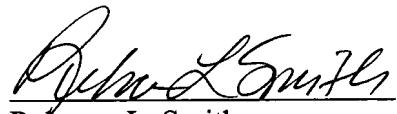
For: **HUMAN SPINAL DISC PROSTHESIS WITH HINGES**

Box Patent Application
U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL513159465US addressed to Box Patent Application, U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.



Rebecca L. Smith

Date: December 14, 2001

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